

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90283 041 \*\*\*150.00

DOCUMENT # P94000091165  
 1. Entity Name  
 ACTION MOWER & BICYCLE SALES & SERVICE, INC.



Principal Place of Business      Mailing Address  
 3566 SE DIXIE HWY      3566 SE DIXIE HWY  
 STUART, FL 34997      STUART, FL 34997

**50023260**

2. Principal Place of Business      3. Mailing Address  
 4562 SE SHADY RIDGE LN      4562 SE SHADY RIDGE LN  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



03042005      Chg-P      CR2E034 (10/03)

City & State      City & State  
 STUART, FL      STUART, FL  
 Zip      Country      Zip      Country  
 34997      MARTIN      34997      MARTIN

4. FEI Number      Applied For  
 65-0544819      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 STIRMERS, EDWARD A  
 3566 SE DIXIE HWY  
 STUART, FL 34997

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      Zip Code

B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.      \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	STIRMERS, EDWARD A.	
STREET ADDRESS	4562 SE SHADY RIDGE LN	
CITY - ST - ZIP	STUART, FL 34997	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STIRMERS, DELORES	
STREET ADDRESS	4562 SE SHADY RODGE LANE	
CITY - ST - ZIP	STUART, FL 34997	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward A. Stirmers      3/7/05      772-283-2657  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #